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TAGS: [SNAR](#) [PGOV](#) [SOCI](#) [VM](#) [HIV](#) [AIDS](#) [CNARC](#)

SUBJECT: COMMUNITY DRUG TREATMENT IN VIETNAM: NOT MUCH TO IT

REF: A. Hanoi 353 B. 02 Hanoi 2836

1. (U) SUMMARY: Despite improved national guidance on community drug treatment as well as an increasing awareness among authorities of the need for more rehabilitation services at different levels, implementation appears rather thin and uneven, primarily due to a lack of trained personnel and insufficient resources at the local level. The focus of community drug treatment is detoxification, after which, official "peer pressure" seems to be virtually the only component. Ref a reported on Vietnam's drug treatment centers. END SUMMARY.

POLICY FRAMEWORK

2. (U) Vietnam offers two main forms of treatment for drug addicts. One is a network of drug treatment centers spread throughout the country. Some addicts are sent to centers for "compulsory" treatment; others arrive voluntarily. According to the Standing Office of Drug Control (SODC), there are 73 centers at the provincial level, which have a capacity of between 50 to 3,000 addicts each. Provincial authorities support most centers, but others are supported by mass organizations, such as the Youth Union (ref a).

3. (U) In addition to the national network of provincial drug treatment centers (ref a), there is also a community drug treatment structure. (Comment: This is in line with Vietnam's "vertical structure" form of government as well as its tradition of "mobilizing" the population to help solve social and other problems. End Comment.) The "National Law on Drug Prevention and Suppression," passed by the National Assembly in 2000, established the broad policy for drug treatment in its Chapter Four. The law, while relatively general, notes that the "State encourages individuals, families, agencies, and other organizations to implement home-based and community based detoxification. . ."

4. (U) Since the law's passage, the GVN has issued additional directives pertaining to community drug treatment. On May 15, 2002, the GVN issued Decree 56 (ref b), which addresses family and community based treatment. It stipulated that the minimum length of community treatment should be six months and that such treatment must be conducted in accordance with five steps developed by the Ministry of Labor, Invalids, and Social Affairs (MOLISA) and the Ministry of Health, including: (1) reception and classification; (2) detoxification; (3) education; (4) work; and, (5) supervised return to the community. In addition, there are provisions for closer supervision over the addicts by local authorities, as well as a provision for assistance in detoxification assistance if home treatment is unsuccessful.

5. (U) According to Dr. Tran Xuan Sac, MOLISA's Deputy Section Chief of the Department for Social Evils Prevention, the goal of Decree 56 was to enhance the effectiveness of community and family-based treatment by having professional advice and some medicines more readily available. He opined that this could help relieve some of the pressure on the compulsory treatment centers. Dr. Sac noted that, while families are responsible for the most costs for this treatment (except detoxification), they are eligible for "preferential government loans." In an effort to encourage vocational education, organizations that provide such training to addicts also may receive such loans, he added. Local authorities subsidize the cost for the initial detoxification process (usually seven to 10 days) up to a maximum of 250,000 VND (approximately USD 20).

6. (U) Following up on Decree 56, the GVN issued an interministerial circular in January 2003 that provides further guidance. According to the circular, addicts admitted to community-based treatment should also receive reeducation classes from the local authorities. However, recovering addicts may be held "criminally liable" for continued drug use. According to Dr. Sac, this means that addicts undergoing community-based treatment who continue to use drugs "may be sent" to compulsory drug treatment centers, if the local People's Committee determines this is necessary.

17. (U) Dr. Sac noted that criteria regarding participation in community drug treatment vary among localities. This is due, in part, to available resources, he added. However, "normally, heavy addicts or those who have used hard drugs (i.e., heroin) for over three years are not eligible," he said. According to Dr. Sac, MOLISA views community drug treatment as more suitable for less severely addicted individuals. The chairman of the local People's Committee makes the final decision on an individual's participation, with the advice of an advisory committee consisting of the police, local social affairs and health officials, and various mass organizations, such as the Youth and Women's Unions.

ON THE GROUND REALITIES

18. (U) During poloffs' visit to the Thuy Ai detoxification center in Hanoi's Hai Ba Trung district, Dr. Nguyen The Dan, the official in charge, said that most addicts arrive at his center "at the urging" of their families or local authorities. His staff evaluates each addict prior to admittance to determine eligibility. Some addicts admitted are HIV-positive, he added. The day we visited, six new addicts were admitted for detoxification; among them were three who are HIV-positive, according to Dr. Dan.

19. (U) Dr. Dan said that addicts normally stay at his center about 10 days. He claimed that nearly all who enter the detoxification process complete it successfully. At the end of the process, his staff tests the addicts. If they appear to be "detoxified," they may return to their families for home-based treatment. Dr. Dan could not say specifically what the "treatment" at home entailed, but noted that the addicts receive "regular" visits from local officials who "encourage" them to stay away from drugs and/or "their drug-using" friends. Dr. Dan said that he knew of no literature sent home with the addicts to provide advice to their families, but added that his medical staff "stays in contact" and "may make a home visit" if the family so desires. While lamenting that the center has no trained drug counselors, Dr. Dan claimed that hands-on experience in the detoxification center and medical training enables the staff to provide "useful advice and support" to recovering addicts and their families.

110. (U) Dr. Dan noted that a recent survey of "graduates" from the community treatment in his local area concluded that the recidivism rate is "about 72 percent." He said that, while this compared favorably to provincial drug treatment centers, "it must be understood that we are generally dealing with a less severely addicted population." (Note: The GVN claims a recidivism rate of about 80 percent, but a more realistic figure is probably in the 90-95 percent range, similar to other countries. End Note.)

111. (U) Tuyet Huong, manager of a "club" for recovering addicts that works with Dr. Dan's center, said that she holds "voluntary" weekly meetings at the center. At the meetings, recovering addicts get together and talk about their efforts to stay away from drugs. There are also lectures from local officials, who emphasize the need to avoid drugs as well as the value of various recreational activities and physical training. Huong said that she also works with local employers to help find jobs for recovering addicts. Huong noted that "work is a very important part of staying away from drugs." During the course of our visit, we spoke with two recovering addicts working in a nearby motorbike washing facility. With officials present, they said that the center had been "very helpful" to their recovery and they "appreciated" having a job and knowing there was a place they could go for activities and support. One of the recovering addicts noted that, while he had the opportunity to participate in community treatment, he knew of others who had committed criminal acts and were "forced" by local authorities to go to drug treatment centers.

112. (U) The community drug treatment services available in Chau Khe commune, Bac Ninh Province, were far less developed compared to Hanoi. Nguyen Khanh Lan, Director, Sub-department for Social Evils Prevention, Bac Ninh Department of Labor, Invalids, and Social Affairs, said that community drug treatment has been an option in Bac Ninh since 1991. He added that, while local drug problems are less severe than in Hanoi, proximity to the capital had resulted in a "significant and growing drug problem" in the province. In terms of its socio-economic status and addict population, Chau Khe commune, with a population of about 17,000, is "typical," he claimed.

113. (U) Nguyen Van Huong, Deputy Chairman of the commune People's Committee, said that detoxification is "about the only" organized aspect of community drug treatment, however. Similar to Hanoi, after successfully completing the detoxification process, addicts are sent home, where they

"are supervised by their families, local officials, and the mass organizations." According to Huong, there is no community center, outreach program, support group, or job placement. Huong claimed that local officials and/or representatives from mass organizations cover outreach through periodic home visits. During these visits, according to Huong, officials provide "advice" about the need to stay away from drugs. However, the recidivism rate is about 85 percent, Lan admitted.

14. (U) Lan and Huong separately emphasized the commune's need for more support to provide better services. Huong said that he had appealed for more provincial support, but without success so far. He lamented that the province will only contribute a "modest amount" for detoxification. With more resources, Huong said that he would hire a counselor to provide professional services recovering addicts and their families.

COMMENT

15. (U) From our discussions with MOLISA and review of available laws, we expected a more comprehensive approach to community drug treatment. Questions regarding the specifics of what actually happens when addicts return home were met with long-winded and rather vague responses. With further probing, it became clearer that what authorities consider "community treatment" consists essentially of detoxification followed (or not even) by lectures on the evil of taking drugs, leaving open the possibility that officials could use compulsory center treatment as a potential threat or punishment for "lapses." While local officials with whom we met appear committed to the idea of community drug treatment and rehabilitation as one way of dealing with the drug issue, Vietnam's systemic problem of insufficient public sector resources (felt most acutely at the local level) prevents a more comprehensive approach. Without significant help from the foreign donor community, major improvements in community drug treatment are unlikely any time soon.
BURGHARDT